



16th Annual Arizona Immunization Conference

Tuesday and Wednesday

April 21-22, 2009

Black Canyon Conference Center

Name _____ Title _____

Print all information

Organization _____

Spell out full name of organization

Address _____ City _____ Zip _____

Phone () _____ Fax () _____ E-Mail _____

Please check (√) all that applies:

- ☐ MD ☐ DO
- ☐ Pharmacist
- ☐ PA ☐ NP
- ☐ Epidemiologist
- ☐ RN
- ☐ LPN
- ☐ School nurse (check RN or LPN also)
- ☐ Public Health Nurse (check RN or LPN)
- ☐ Lab Technician
- ☐ Immunization Manager
- ☐ MA ☐ Other Office Staff
- ☐ Other School Personnel

Please check (√) description of organization type:

- ☐ Community Health Center
- ☐ Corrections
- ☐ County Health Department
- ☐ Family/General Practice
- ☐ Family Health Center
- ☐ Hospital
- ☐ Hospital-Based Clinic
- ☐ Indian Health Services
- ☐ Pediatrician
- ☐ School Based Clinic
- ☐ Other _____

Conference Registration Fees:				TAPI Reception and Cloud Award Ticket:	
Early Bird Rate (before April 1)		Normal Rate (after April 1)		<div style="display: flex; justify-content: space-between;"> <div> <p style="color: #0070C0; margin: 0;">Honoring Our Partners</p> <p style="margin: 0;">Tuesday, April 21, 2009</p> <p style="margin: 10px 0 0 0;">Black Canyon Conference Center</p> <div style="display: flex; justify-content: space-between;"> <div> <p>5:00 - 8:00 pm Reception</p> <p>5:00 - 6:30 pm Silent Auction</p> <p>6:30 - 7:30 pm Awards and Presentation Program</p> </div> <div style="text-align: right;"> <p>Reception Ticket:</p> <p style="font-size: 1.2em;">\$35</p> </div> </div> </div> <div style="text-align: right; margin-top: 10px;"> </div> </div>	
April 21 and 22 <i>Tues & Wed</i>	\$175	April 21 and 22 <i>Tues & Wed</i>	\$190		
April 21st <i>Tuesday only</i>	\$100	April 21st <i>Tuesday only</i>	\$120		
April 22nd <i>Wednesday only</i>	\$100	April 22nd <i>Wednesday only</i>	\$120		
<div style="display: flex; justify-content: space-between;"> <div> <p>■ Registration Fee:</p> <p>■ TAPI Reception and Cloud Award Tickets*: <i>*(hosted by The Arizona Partnership for Immunization)</i></p> </div> <div> <p>\$ _____</p> <p>\$ _____</p> </div> </div>				<p style="text-align: right; margin-top: 10px;">Total enclosed:</p> <p style="text-align: right;">\$ </p>	

- Make check payable to **TAPI** (The Arizona Partnership for Immunization)
- Mail Registration/Ticket Payment to **(must include check or Purchase Order to be complete):**
 Arizona Immunization Program Office
Attn: Clare Crosby
 150 N. 18th Ave., Suite 120
 Phoenix AZ 85007-3233



Questions? Call Clare Crosby at (602) 364-3635; Fax (602) 364-3285; E-Mail clare.crosby@azdhs.gov

(Please contact Clare if you do not receive written confirmation within two weeks)